



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 28 Number 39

<http://www.dss.mo.gov/dms>

February 23, 2006

FQHC/RHC BULLETIN

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2006 HEALTH CARE PROCEDURE CODING SYSTEM (HCPCS) INJECTION CODES BILLABLE BY FQHC/RHC PROVIDERS

The following injection code was inadvertently shown as covered by Missouri Medicaid when provided by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) provider in the January 2006 update to the Missouri Medicaid Fee Schedule at:

<http://dss.missouri.gov/dms/providers/pages/cptagree.htm>. This code was never intended to be covered by Missouri Medicaid. The on-line fee schedule will be updated at the next quarterly update to reflect the correct pay status-not covered.

Code	Description
J9175	Injection, Elliott's b solution, 1 ml

The following injections may be billed on a Pharmacy claim form or via the internet billing as a pharmacy service only using the appropriate National Drug Code (NDC). These codes may not be billed on a CMS 1500.

Code	Description
J2278	Injection, ziconotide, 1 microgram
J2425	Injection, palifermin, 50 micrograms
J2503	Injection, pegaptanib sodium, 0.3 mg
J2513	Injection, pentastarch, 10% solution, 100 ml
J2850	Injection, secretin, synthetic, human, 1 microgram
J3285	Injection, treprostinil, 1 mg
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit
J9027	Injection, clofarabine, 1 mg

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896